Entry Blank—Please Type or Print Ms./Artist LA WILSON ☐ Mr./Artist (last name last) Permanent 240 COLLEGE HUDSON Daytime Tel. (216) 653-5669 44236 Temporary or Studio Address Street City Daytime Tel. (Zip If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator (if any) If May Show entries are not accepted or are not sold: Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense: Street State City Zip Special Instructions Entry Blank must be completed in full and signed; forms received unsigned will not be accepted. When necessary, include instructions or a drawing for assembling and displaying an object. Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until September 5, 1993. The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein. I have received the unsold/unaccepted object(s) in good condition

a Wilson

Entry Blanks

Detach entire portion along dotted line and submit with slides, but retain tags

A Consider		Sculpture	□ C	
		Graphics	☐ Crafts ☐ Photography	
Materials used (med	ia): _{(*}			
Title	al			
Price or NFS	Insurance Value if NFS Only	e	Size_36" height x wid	diameter depth dth x depth
	GRAPHICS AND	PHOTOGRAPH	IY ONLY	
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ACCEPTED	1	(11)		X
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